

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

01041834

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
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7	1		1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.						
TOTAL CLAIMS	1		1			

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy